Early Injury Notification Form

Register of Injuries

WITHIN 48 HOURS OF AN ACCIDENT/INJURY. Fax or email information to Zurich Australian Insurance Limited.

Important notes
- Section 92 and 93 of the Workers Compensation Act 1951 (the Act) requires a Register of Injuries to be kept at workplaces. It can also be used as a way of informing an employer of a workplace injury, as required by the Act. The employer is required to provide the information requested by this form to an insurer within 48 hours of an injury occurring. The information contained on it can be read by anyone with access to the register.
- An employer shall maintain, in accordance with the regulations, a record of each accident or dangerous occurrence in respect of which the employer is required, by section 86(1) of the Occupational Health and Safety Act 1989.

Privacy statement and consent
Zurich is bound by the Privacy Act 1988. We collect, disclose and handle information, and in some cases personal or sensitive (eg health) information, about you (‘your details’) to manage and investigate claims, administer policies, comply with our legal obligations, contact you and enhance our products and services (‘Purposes’). If you do not provide your information, we may not be able to do those things. By providing us, our representatives or your intermediary with information, you consent to us using, disclosing to third parties and collecting from third parties your details for the Purposes.

We may disclose your details, including your sensitive information, to relevant third parties including your intermediary, policy owners, affiliates of Zurich Insurance Group Ltd, insurers, reinsurers, our service providers, our business partners, health practitioners, your employer, parties affected by claims, government bodies, regulators, law enforcement bodies and as required by law, within Australia and overseas.


Zurich’s Privacy Policy, available at www.zurich.com.au or by telephoning us on 132 687, provides further information and lists service providers, business partners and countries in which recipients of your details are likely to

1 Employer details – complete ALL application fields

Name (as per policy)

A8N Policy number

Cost centre

Address Postcode

Name of authorised person

Contact details

Work Mobile Email

2 Injured worker details

Surname Given name(s)

Male Female

Date of birth /

Occupation

Industry in which worker was engaged when accident occurred

Contact details

Work Mobile Email
3 Accident/Injury details

Injury/disease suffered
Body part affected by injury/disease
Cause of injury

Date of injury / / Time of injury  am  pm

Exact location injury occurred

4 Notify information (if applicable)

Name of person making the initial notification
Relationship to worker or employer
Contact details
Work  Home
Mobile  Email

5 Details of nominated doctor treating injured worker

Name of medical practice
Address  Postcode
Name of Doctor
Contact details
Work  Mobile  Email

6 Details of treatment

Person providing first aid treatment
Referrals for further treatment

7 Witness details

Name
Position held with the business
Contact details
Work  Home
Mobile  Email